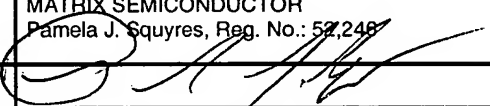
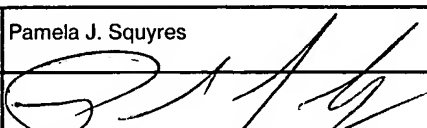
 <p><b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)</p>	Application Number	10/728437	
	Filing Date	December 5, 2003	
	First Named Inventor	James M. Cleeves	
	Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	4	Attorney Docket Number	MA-110

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard 1449A Form (1 pg)
Remarks <input type="text"/>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MATRIX SEMICONDUCTOR Pamela J. Squyres, Reg. No.: 52,248		
Signature			
Date	March 10, 2004		

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Pamela J. Squires

Name (printed)

Signature

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): James M. Cleeves et al.

Application No.: 10/728437

Filed: December 5, 2003

Title: Optimization of Critical Dimensions  
and Pitch of Patterned Features in and  
Above a Substrate

Attorney Docket No.: MA-110

Group Art Unit: Unknown

Examiner: Unassigned

**INFORMATION DISCLOSURE STATEMENT**

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir or Madam,

Pursuant to the obligation under 37 CFR § 1.56 and in conformance with 37 CFR §§ 1.97-1.99, Applicants hereby submit attached form 1449A/PTO listing reference A1 for consideration by the Examiner. Applicants request that the Examiner review the disclosure of this document and make it of record.

The filing of this Information Disclosure Statement does not constitute an admission that the information cited herein is, or is considered to be, material to patentability as defined in 37 CFR §1.56(b). Further Applicants reserve the right to contest that any of the information submitted herewith is prior art against the present application.

Dated: March 10, 2004

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'P. J. Squyres', is written over a horizontal line.

Pamela J. Squyres  
Agent for Applicants  
Reg. No. 52,246

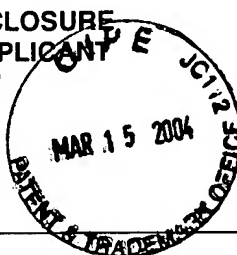
Pamela J. Squyres  
Matrix Semiconductor  
3230 Scott Blvd  
Santa Clara, CA 95054  
Tel. 408-869-2921

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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)



Complete if Known

Application Number	10/728437
Filing Date	December 5, 2003
First Named Inventor	Cleaves, James
Group Art Unit	Unknown
Examiner Name	Unknown

Sheet 1 of 1

Attorney Docket No: MA-110

**US PATENT DOCUMENTS**

Examiner Initial *	Cite No	USP Document Number	Publication/Issue Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate
	A1	6,373,553	04/16/2002	Singh			

**FOREIGN PATENT DOCUMENTS**

Examiner Initials *	Cite No	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T <sup>2</sup>
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**OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS**

Examiner Initials *	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
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**EXAMINER****DATE CONSIDERED**

Substitute Disclosure Statement Form (PTO-1449)

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional) <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached